



Rubella

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____
LHJ Cluster Name: _____
DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date: ____/____/____

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name _____
Zip code (school or occupation): _____ Phone _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk
☐ ☐ ☐ ☐ Runny nose (coryza)
☐ ☐ ☐ ☐ **Rash (maculopapular)** Onset date: ____/____/____
Duration: ____ days
Describe rash progression: _____
Does the rash itch? Yes__ No__
☐ ☐ ☐ ☐ Headache
☐ ☐ ☐ ☐ Malaise

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccination

Y N DK NA

☐ ☐ ☐ ☐ Ever received rubella containing vaccine

Dose 1 Type: _____ Date received: ____/____/____
Dose 2 Type: _____ Date received: ____/____/____
Dose 3 Type: _____ Date received: ____/____/____

☐ ☐ ☐ ☐ Vaccine up to date for rubella

Number doses on or after 1st birthday: _____

Vaccine series not up to date reason:

☐ Religious exemption ☐ Medical contraindication
☐ Philosophical exemption
☐ Previous infection confirmed by laboratory
☐ Previous infection confirmed by physician
☐ Parental refusal ☐ Other: _____ ☐ Unk

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Conjunctivitis**
☐ ☐ ☐ ☐ **Lymphadenopathy** Onset date: ____/____/____
☐ Cervical ☐ Suboccipital
☐ Postauricular ☐ Other: _____
☐ ☐ ☐ ☐ **Arthritis or arthralgia**
☐ ☐ ☐ ☐ **Rash observed by health care provider**
Rash distribution: _____
☐ Generalized ☐ Localized ☐ On palms and soles
☐ Petechial ☐ Macular ☐ Papular
☐ Pustular ☐ Vesicular ☐ Bullous
☐ Other: _____
☐ ☐ ☐ ☐ **Congenital Rubella Syndrome (CRS)**
☐ ☐ ☐ ☐ Hemorrhagic signs
☐ ☐ ☐ ☐ Pneumonia or pneumonitis
☐ ☐ ☐ ☐ Encephalitis or encephalomyelitis
☐ ☐ ☐ ☐ Leukopenia
☐ ☐ ☐ ☐ Thrombocytopenia
☐ ☐ ☐ ☐ Complications
Specify: _____

Laboratory

Collection date ____/____/____
Source _____

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **Rubella virus culture (clinical specimen)**
☐ ☐ ☐ ☐ ☐ **Rubella IgG with significant rise (acute and convalescent serum pair)**
☐ ☐ ☐ ☐ ☐ **Rubella IgM**
☐ ☐ ☐ ☐ ☐ **Rubella virus nucleic acid detection (PCR)**
☐ ☐ ☐ ☐ ☐ Tests to rule out other agents
Agent/results: _____ Date: ____/____/____
Agent/results: _____ Date: ____/____/____

INFECTION TIMELINE

Enter onset date (first
sx) in heavy box.
Count forward and
backward to figure
probable exposure and
contagious periods

Days from
onset:**Exposure period**

-23

-12

o
n
s
e
t**Contagious period**

7 days before to 7 days after rash onset *

Calendar dates:

* Infants born with congenital rubella
syndrome may shed for months after birth**EXPOSURE (Refer to dates above)**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine
Out of: ☐ County ☐ State ☐ Country

Destinations/Dates: _____

☐ ☐ ☐ ☐ Contact with recent foreign arrival

Specify country: _____

☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee,
visitor) Specify country: _____

☐ ☐ ☐ ☐ Does the case know anyone else with similar
symptoms or illness

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed or probable
case**

Y N DK NA

☐ ☐ ☐ ☐ Congregate living

☐ Barracks ☐ Corrections ☐ Long term care

☐ Dormitory ☐ Boarding school ☐ Camp

☐ Shelter ☐ Other: _____

☐ ☐ ☐ ☐ Visited health care setting 1 - 3 weeks preceding
onset Facility name: _____

Number of visits: _____ Date(s): ____/____/____

☐ ☐ ☐ ☐ Exposure setting identified:

☐ Child care ☐ School ☐ Doctor's office

☐ Hospital ward ☐ Hospital ER

☐ Hospital outpatient clinic ☐ Home

☐ College ☐ Work ☐ Military

☐ Correction facility ☐ Church

☐ International travel

☐ Other, specify: _____ ☐ Unknown

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed
PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ If female, is case pregnant Weeks gestation: _____
Previous rubella titer

☐ Pos ☐ Neg ☐ DK ☐ NA Year: _____

☐ ☐ ☐ ☐ Any contact with pregnant woman

☐ ☐ ☐ ☐ Attends child care or preschool

☐ ☐ ☐ ☐ Employed in child care or preschool

☐ ☐ ☐ ☐ Do any household members work at or attend
child care or preschool

☐ ☐ ☐ ☐ Documented transmission from this case

☐ Child care ☐ School ☐ Doctor's office

☐ Hospital ward ☐ Hospital ER

☐ Hospital outpatient clinic ☐ Home

☐ College ☐ Work ☐ Military

☐ Correction facility ☐ Church

☐ International travel ☐ Other: _____ ☐ Unk
PUBLIC HEALTH ACTIONS
☐ Exclude exposed susceptibles from work/school for incubation
period

☐ Evaluate immune status of close contacts

☐ Assess possibility of pregnancy in female contacts
NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____